



THOMAS M. MENINO  
MAYOR

## BOSTON INSPECTIONAL SERVICES DEPARTMENT

WILLIAM J. GOOD  
COMMISSIONER

### **FIRE ESCAPE AND FIRE BALCONY AFFIDAVIT**

Date: \_\_\_\_\_

Filing Fee: \$50.00 per structure

To: Commissioner, Inspectional Services Department

I certify that I have inspected the (please circle the following): (Fire escape) (Exterior Bridge) (Egress) (Connecting balconies) (Wooden Stairways) located @ (choose one): Side, Front or Rear of: Building Located at: \_\_\_\_\_ Ward \_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone # \_\_\_\_\_

Owner's Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

To the best of my knowledge, information and belief, this egress component is in conformity with provisions of the Massachusetts State Building Code, Chapter 1028.3.

Certification is required every 5 years by a Massachusetts Registered Professional Engineer, Licensed Fire Escape Installer, or other qualified and acceptable to the Building Official.

\_\_\_\_\_  
Registered Professional Engineer

\_\_\_\_\_  
Registration Number

\_\_\_\_\_  
Licensed Fire Escape Installer  
(or other Approved by Building Official)

\_\_\_\_\_  
Licensed Number and Type

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

.....  
Commonwealth of Massachusetts  
Suffolk County

Then Personally appeared the above named:

\_\_\_\_\_  
And made oath that the above Statement by him/her is true:

Before me: \_\_\_\_\_ Date: \_\_\_\_\_

My Commission expires on: \_\_\_\_\_ Notary \_\_\_\_\_